

FINANCIAL AFFIDAVIT

CJA 23
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES ☐ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)
IN THE CASE OFUSA vs. Robert
Straughter

FOR

AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

Robert Straughter

CHARGE/OFFENSE (describe if applicable & check box →) ☒ Felony
☐ Misdemeanor

- ☒ Defendant - Adult
☐ Defendant - Juvenile
☐ Appellant
☐ Probation Violator
☐ Parole Violator
☐ Habeas Petitioner
☐ 2255 Petitioner
☐ Material Witness
☐ Other (Specify) _____

DOCKET NUMBERS

Magistrate

08 CR 436

District Court

Court of Appeals

FILED
6-2-08

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self Employed	
		Name and address of employer: <u>Magistrate, Judge Sidney I. Sorenson</u> <u>United States District Court Chicago, IL</u>	
		IF YES, how much do you earn per month? \$ <u>1150</u>	IF NO, give month and year of last employment How much did you earn per month? \$ _____
		If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ _____ THE SOURCES _____		
CASH	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____		
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	IF YES, GIVE THE VALUE AND \$ _____ DESCRIBE IT _____		
OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED Total No. of Dependents <u>2</u>	
	List persons you actually support and your relationship to them <u>provides support to two children</u> <u>(ages 3 and 5)</u> <u>(approx. 360/mo)</u>		
DEBTS & MONTHLY BILLS	APARTMENT OR HOME: <u>rent</u> Creditors Total Debt Monthly Payt. <u>hospital bill</u> \$ \$ 400 <u>food</u> \$ \$ 50 <u>insurance</u> \$ \$ 100 <u>gas</u> \$ \$ 61		
	(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)		

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 6-2-08SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Robert Straughter